

MULTIPLE DEPENDENT CLAIM					
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
SERIAL NO.	FILING DATE	APPLICANT(S)			
		AS FILED	1st AMENDMENT	2nd AMENDMENT	AFTER
		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
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CLAIMS

10/50932